

National Direct Consultation Form

Programs requesting members in Kentucky

State Service Commission Contact: Shannon Ramsey, 502-564-7420, ext. 3841 or shannon.ramsey@ky.gov
 Kentucky Commission on Community Volunteerism and Service (KCCVS)

Please fill out all sections to the best of your ability and submit the completed form to the KCCVS via email by **December 12, 2016**.

If your program is awarded members in Kentucky, please email the KCCVS by June 2, 2017.

1. General Applicant & Program Information	
Legal Applicant Information: Organization Contact Person Address Email Phone	
Proposed National Program: Program Name Start Date End Date	
AmeriCorps Program Model <i>(check one)</i>	<input type="checkbox"/> National (members at local organizations directly controlled by parent) <input type="checkbox"/> Affiliates (members at affiliates of parent – limited direct control) <input type="checkbox"/> Consortium (members at independent organizations that interact on activities beyond AmeriCorps) <input type="checkbox"/> Intermediary (members at unrelated organizations)
Type of Application	<input type="checkbox"/> New Application <input type="checkbox"/> Recompete <input type="checkbox"/> Continuation (Year ____ of 3 Year Cycle)
History in state <i>(Has the applicant/program previously operated in state? If so, please describe.)</i>	
2. Program Focus	
CNCS Focus Area(s) <i>(Indicate all CNCS focus areas to be addressed by members serving in state)</i>	<input type="checkbox"/> Disaster Services <input type="checkbox"/> Economic Opportunity <input type="checkbox"/> Education <input type="checkbox"/> Environmental Stewardship <input type="checkbox"/> Healthy Futures <input type="checkbox"/> Veterans and Military Families <input type="checkbox"/> Capacity Building <input type="checkbox"/> Other (please describe): _____

CNCS National Performance Measures <i>(Please share which, if any, national performance measures you plan to use for your program and your targets for those measures. If applicable, share whether your prior year's performance measures were met or unmet.)</i>						
AmeriCorps Executive Summary <i>(Provide the executive summary for your program based on the AmeriCorps NOFO)</i>						
3. Budget & Slot Information						
Number of AmeriCorps Slots	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
Application Total:						
State Slots Total:						
Total MSYs requested: MSYs requested in state:						
CNCS Budget Request Total Operating Budget: Cost per MSY: Percent Match: Source of Match:						
4. State Consultation						
<i>If answer to any question is not known at this time, please identify approx. date when it will be known and follow up accordingly.</i>						
What was your strategy for identifying state partners?						
Current State Operating Site Contact(s) <i>(Provide contact information for the agencies or individuals with whom you have consulted in state and describe the nature and extent of your consultation.)</i> Organization Contact Person Address Email Phone						

5. State Placement Plans

If answer to any question is not known at this time, please identify approx. date when it will be known and follow up accordingly.

<p>AmeriCorps Program Staff <i>(How many staff members will be placed in state? Where will they be placed? If partner agency staff will work on the grant, who are they?)</i></p> <p style="text-align: center;"> Organization(s) Contact Person(s) Address Email Phone </p>	
<p>Role of Parent in Administration of Program at State Level; <i>(i.e. site monitoring; background checks; training and development)</i></p>	
<p>Skills and Resources to share</p>	
<p>Overview of Proposed Operating Site/Partner <i>(For each proposed site, provide the following information.)</i></p> <p style="text-align: center;"> Role of partner Contact person Contact information Location of site Number of members </p> <p>Does this site oversee members from any other AmeriCorps program? If so, please name the program and describe your consultation with that program.</p>	